

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2019
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NAME OF PROVIDER OR SUPPLIER SMOKY HILL REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 JOHNSTOWN AVENUE SALINA, KS 67401
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigations #139862 and #141736. The 2567 was electronically sent to the facility on 7/22/19.	F 000		
F 553 SS=D	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs.	F 553		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 07/22/2019
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 553	<p>Continued From page 1</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 80 residents. The sample included 3 residents, with 3 reviewed for care plans. Based on observation, record review, and interview the facility failed to notify the resident's representative of the care planning process or allow them the right to participate for 2 of 3 sampled residents. (#1, #3)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #1's (MDS) Minimum Data Set assessment, dated 3/31/19, recorded the resident had a (BIMS) Brief Interview for Mental Status score of 4, indicating severe cognitive impairment. The MDS recorded the resident required extensive assistance of 2 staff for bed mobility, toileting, total staff assistance for bathing, limited assistance of 1 staff for dressing, eating, personal hygiene, and limited assistance of 2 staff for transfers. The MDS recorded the resident used a walker or wheelchair for mobility. <p>The most recent care plan, dated 2/20/19, directed staff to ask the resident yes or no questions, cue, reorient, and supervise the resident as needed, and encourage the resident to attend small group activities. The care plan directed staff to administer medications as ordered by the physician, monitor for adverse side effects, and notify the physician as needed.</p> <p>Upon request, the facility failed to provide documentation the resident's representative had been notified of care plan meetings.</p>	F 553			

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F 553	<p>Continued From page 2</p> <p>On 7/18/19 at 8:10 AM, Administrative Staff A stated he/she was responsible for sending notices of care plan meetings to the residents representative to allow them to attend the meeting if they wanted to. Administrative Staff A verified he/she did not send a meeting notice to Resident #1's representative.</p> <p>On 7/18/19 at 10:32 AM, Licensed Nurse G verified he/she did not notify Administrative Staff A to send a care plan meeting notice to Resident #1's representative. Licensed Nurse G verified resident representatives should be notified and invited to attend care plan meetings.</p> <p>On 7/18/19 at 10:50 AM, Administrative Nurse E stated he/she was not aware Resident #1's representative was not notified of the resident's care plan meetings, and verified they should have been.</p> <p>The facility's Resident Participation-Assessment/Care Plans policy, dated December 2016, documented the resident and his/her legal representative are encouraged to attend and participate in the resident's assessment and in the development of the resident's person-centered care plan. The policy documented it is the resident/representative's right to participate in the development and implementation of his/her care plan, and the care planning process would facilitate the inclusion of the resident or representative.</p> <p>The facility failed to notify Resident #1's representative of care plan meeting, placing the resident at risk for inadequate care and unmet needs.</p>	F 553			

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F 553	<p>Continued From page 3</p> <p>- Resident #3's quarterly (MDS) Minimum Data Set assessment, dated 6/13/19, recorded the resident had a (BIMS) Brief Interview for Mental Status score of 5, indicating severe cognitive impairment. The MDS recorded the resident required total assistance of 2 staff for bathing, extensive assistance of 1 staff for bed mobility, transfer, dressing, toileting, personal hygiene, and limited assistance of 1 staff for eating. The MDS recorded the resident used a wheelchair for mobility.</p> <p>The 6/26/19 care plan directed staff to ask yes or no questions to determine the resident's needs, provide cueing, reorientation and supervise the resident as needed. The care plan directed staff to administer medications as ordered by the physician, obtain laboratory tests as ordered by the physician and fax the results to the ordering physician.</p> <p>Upon request, the facility failed to provide documentation the resident's representative had been notified of care plan meetings.</p> <p>On 7/18/19 at 9:30 AM, observation revealed the resident in bed. At 9:40 AM, observation revealed two staff members assisted the resident out of bed, assisted him/her with (ADLs) activities of daily living, and propelled the resident's wheelchair to the dining room for breakfast.</p> <p>On 7/18/19 at 8:10 AM, Administrative Staff A stated he/she was responsible for sending notices of care plan meetings to the residents representative to allow them to attend the meeting if they wanted to. Administrative Staff A verified he/she did not send a meeting notice to Resident #3's representative.</p>	F 553			

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F 553	<p>Continued From page 4</p> <p>On 7/18/19 at 10:32 AM, Licensed Nurse G verified he/she did not notify Administrative Staff A to send a care plan meeting notice to Resident #3's representative. Licensed Nurse G verified family representatives should be notified and invited to attend care plan meetings.</p> <p>On 7/18/19 at 10:50 AM, Administrative Nurse E stated he/she was not aware Resident #3's representative was not notified of the resident's care plan meetings, and verified they should have been.</p> <p>The facility's Resident Participation-Assessment/Care Plans policy, dated December 2016, documented the resident and his/her legal representative are encouraged to attend and participate in the resident's assessment and in the development of the resident's person-centered care plan. The policy documented it is the resident/representative's right to participate in the development and implementation of his/her care plan, and the care planning process would facilitate the inclusion of the resident or representative.</p> <p>The facility failed to notify Resident #3's representative of care plan meeting, placing the resident at risk for inadequate care and unmet needs.</p>	F 553			